

Atty. Docket No: 124366-2 (1306-13)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

APPLICANT(S): Olson, et al. EXAMINER: M.J. Angebranndt  
SERIAL NO.: 10/657,631 GROUP: Art Unit 1756  
FILED: September 8, 2003 DATED: November 28, 2006  
TITLE: **LIMITED PLAY OPTICAL MEDIA  
DEVICE WITH BARRIER LAYERS**

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

**AMENDMENT TRANSMITTAL FORM**

Sir:

Transmitted herewith is an Amendment in the above-identified application.

- ☐ Applicant claims small entity status of this application under 37 C.F.R. 1.27
- ☒ No additional fee is required.

The fee has been calculated as shown below:


| (Col. 1)                                  |  |  | (Col. 2)                                    |  | (Col. 3)         | SMALL ENTITY |              | OTHER THAN A<br>SMALL ENTITY |         |
|---|--|--|---|--|------------------|--------------|--------------|------------------------------|---------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  |  | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |  | PRESENT<br>EXTRA | RATE         | ADDL.<br>FEE | OR                           | RATE    |
| TOTAL * 32                                |  |  | MINUS ** 32                                 |  | = 0              | x 25=        | \$           |                              | x 50=   |
| INDEP. * 3                                |  |  | MINUS *** 3                                 |  | = 0              | x 100=       | \$           | OR                           | x 200=  |
|   |  |  |   |  |                  | x 180=       | \$           |                              | x 360=  |
|   |  |  |   |  |                  | TOTAL        | \$ 0.00      |                              | TOTAL   |
|   |  |  |   |  |                  |              |              |                              | \$ 0.00 |

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

- \* If the entry in Column 1 is less than the entry in Column 2, write "0" in Column 3.
- \*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 20, write "20" in this space.
- \*\*\* If the "HIGHEST NUMBER PREVIOUSLY PAID FOR" in this space is less than 3, write "3" in this space. The "HIGHEST NUMBER PREVIOUSLY PAID FOR" (Total or Independent) is the highest number found from the equivalent box in Column 1 of a prior amendment or the number of claims originally filed.

- ☐ Please charge Deposit Account No. 50-2140 in the amount of \$. Two (2) copies of this sheet are enclosed.
- ☐ A check in the amount of \$ is enclosed.
- ☒ Please charge any deficiency as well as any other fee(s) which may become due under 37 C.F.R. § 1.16 and/or 1.17 at any time during the pendency of this application, or credit any overpayment of such fee(s) to Deposit Account No. 50-2140. Also, in the event any extensions of time for responding are required for the pending application(s), please treat this paper as a petition to extend the time as required and charge Deposit Account No. 50-2140 therefor. TWO (2) COPIES OF THIS SHEET ARE ENCLOSED.

Respectfully submitted,



Raymond E. Farrell

Reg. No.: 34,816

Attorney for Applicant(s)

***Carter, DeLuca, Farrell & Schmidt, LLP***

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Melville, New York 11747

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*REF/PMC.mc*

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|---|------|-------|---|---|------------------|--------------|--------------|------------------------------------|--------|--------------|
| CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |      |       | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR |   | PRESENT<br>EXTRA | RATE         | ADDL.<br>FEE |                                    | RATE   | ADDL.<br>FEE |
| TOTAL                                     | * 32 | MINUS | ** 32                                       | = | 0                | x 25=        | \$           |                                    | x 50=  | \$           |
| INDEP.                                    | * 3  | MINUS | *** 3                                       | = | 0                | x 100=       | \$           | OR                                 | x 200= | \$           |
|   |      |       |   |   |                  | x 180=       | \$           |                                    | x 360= | \$           |
|   |      |       |   |   |                  | TOTAL        | \$ 0.00      |                                    | TOTAL  | \$ 0.00      |

☐ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS

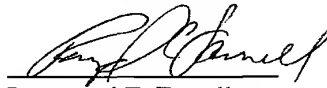
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